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DR. CONSTOCK ON SCARLET FEVER.

[Concluded from page 219.]

We have mentioned the acetate of lead as a remedy for intestinal hemorrhage. But in a bleeding from the nose or any other part, we also rely much upon it, and have for more than twenty years used it; and never have we had it produce a symptom of painter's colic. But we always, as a preventive, combine opium with it, which in no case can be safely omitted. It is said by Dr. Stokes, of London, that the only instances in which he has known it act as a poison, were when it has been applied externally. Now it might be well to combine it with laudanum or *acetum opii*, even in thus using it. As to our infant patients, we may sometimes find it expedient to apply it to the bowels, when we cannot, from their resistance, administer it by the mouth. A solution with laudanum is then most eligible.

This may also be necessary in *diarrhœa*, of which we now proceed to treat. Carbonic acid gas, and sulphuretted hydrogen, are undoubtedly secreted by the mucous membrane of the intestines, to answer the purpose of aiding in the solution of solid food, and producing the peristaltic motion. But in excess they may be injurious, and give rise to diarrhœa, or tympanitis, or both; in which we have no better remedy than acetate of lead combined with opium and prepared chalk. But on the other hand, their secretion may be defective, when solid food may become injurious because its proper solvents are lacking. In which case, and as a general rule, it is safest to restrict our patient to a liquid diet. The over-secretion of acidity, giving rise to green dejections, is better corrected by prepared chalk than by magnesia; for the latter, probably by its meeting in the bowels with sulphuretted hydrogen, certainly sometimes distresses infants. When the bowels are decidedly tympanitic, an over-secretion of those acid gases, together with a diminished secretion of bile, are to be sought for as the cause. We have in rhubarb a deobstruent bitter which is adapted to such cases. This, with the pulvis hydrargyrum cum creta, are our best general remedies. And if any preparation of opium is indicated, Dover's powder, in small doses, are the best.

Blistering the abdomen, and the application of calomel to the blistered surface, deserve high commendation. If there be tenderness and pain, denoting inflammation, a few leeches may be applied. But if the pain arises from distention only, they will do harm. Rubbing the part with spirits of turpentine is a good substitute for blisters. Injections of the

same are useful in the bowel complaints of children ; also carminatives, especially aqua mentha. Whether spirits of turpentine be or be not an antiphlogistic remedy, its character is well established for curing inflamed surfaces. So sugar of lead is adapted to all hemorrhages, whether active, passive or traumatic.

Aphtha or thrush we have seldom seen in scarlatina. But it sometimes occurs, and is a mark of such an exhausted state of the system as to indicate great danger. We were called to a child of five years old, who had been very ill for five weeks, in which aphtha was one of its many morbid symptoms. Astringents may be locally used in such cases ; still the good they do, if any, is local. A general tonic invigorating course of treatment will alone do permanent good. This child had been bled in the first stage, and finally failed. Aphtha is much easier prevented than cured. The tendency to such a result must be kept in view from the first attack. We have not known it when any of the preparations of cinchona were early and adequately used. It is not very easy, in every case, to distinguish aphtha from what is popularly called canker, and both may exist at the same time ; and both require astringents, tonics, detergents and demulcents. As the disorder is not confined to the mouth, but descends into the œsophagus and bowels, we must be careful to exclude all irritating ingesta. Milk, combined with a solution of catechu, sweetened with the purest white sugar, offers a remedial diet drink of much efficacy.

We have seen magnesia and rhubarb recommended. But we prefer the tinct. of rhubarb with saffron of the London College, and prepared chalk, to magnesia. The tinct. of rhubarb with cardamon seeds we would reject, owing to the acrimonious quality of the cardamon. If diarrhoea attend, a powder of creta ppt. 4 grains—acetate of lead 1 grain—pulv. opii 1-8 of a grain, intimately mixed, affords an efficacious remedy. It is to be given in simple syrup. And here it may be observed that in all the bowel complaints of infants and children, purified white sugar should alone be used. Brown sugar, molasses and honey, are to be rejected.

The sudden attack by scarlet fever of persons in apparently perfect health, is a physiological phenomenon, philosophically very striking ; we mean when taken in connection with black stools, copious eruption, and the rapid issue of gangrene. It would seem impossible for such rapid deterioration to take place in three days, or even less. We must then conclude that the morbid materials exist before they act, and that a sanative tendency in the system resists the morbid impression for a while, but is compelled at last to yield to the superior force of the enemy, when that force is fully concentrated. Local disease arises from constitutional affections—and systematic from causes purely local.

A man, having suffered for twelve or fourteen years the extremity of pain, had a respite of three years, when an attack of his former excruciating agonies carried him off in three weeks. Yet that in these three years the same causes were in existence, which occasioned so much distress for the fourteen years before, and killed him at last, was proved by post-mortem inspection ; for a large stone was found in his bladder,

the nucleus of which must have descended from the kidney, as the ureter was dilated so as to admit the finger, and one of his kidneys was entirely disorganized.* The *archeus* of Helmont was the *anima mundi*, or *vis plastica*, of the old philosophers, the *vis medicatrix* of Cullen, and the *natural cure* or *sanative tendency* of all those who wish to be clearly understood and not misled by technical phrases. It is this principle which resists death and aims at the restoration of health. The denial of such a principle seems to have proceeded from its having been too much extolled, and called *divine*. For that a divine energy should be overcome by disease, and permit the human frame to suffer, and finally to be destroyed by death, seemed mysterious. *Adjectives* have caused more disputes and acrimony in the world, when used to laud too high, or sink too low, than all language besides.

The chicken-pox postules, which sometimes appear after scarlet fever, were called *scarlatina variolodes* by Sauvages. They do not very much resemble either smallpox or chickenpox, however, usually being somewhat larger and without purulency, and only filled with flatus.

Emetics act as stimulants to the whole system. Hence their propriety in those cases which require evacuant stimulants. And hence their impropriety in diseases very highly inflammatory, until after blood-letting. Such, however, are seldom if ever found in scarlatina.

In those cases which have a difficult breathing from the beginning, there is a tendency to croup; one disease of the throat and respiratory organs being prone to run into another. But even in such cases there is risk in bleeding much. Leeches over the trachea are safest, if bleeding is decided on. These are to be followed with a full emetic of antimony, or turpeth mineral. Then a full opiate is to be given; and then the outside of the throat is to be inflamed by rubbing on aq. ammonia, with camphor and alcohol, in mixture—or spirits of turpentine—or liniment of ammonia, which consists of olive oil two parts, aqua ammonia one part. Some prefer applying tobacco to the throat. The throat itself is not to be blistered, but an emplastrum cantharides between the shoulders is never to be omitted. If leeches do not draw a sufficiency of blood, the temporal artery may be opened. Flannel wrung out of hot water may be applied to the throat and upper thorax.

Dr. Good and Dr. Perceval thought putrid sore throat and scarlatina the same disease, because, as they believed, they both proceeded from the same contagion. Dr. Withering, who considered scarlatina to be inflammatory, still held that it was utterly improper to let blood in it. But he would give repeated emetics. Like other malignant epidemics, it simulates the action of narcotic poisons, in which the arterial blood sent to the brain is accelerated, and the venous blood coming thence retarded. Alcohol, which may be classed among the narcotics, presents the like phenomena. Hence emetics are indicated in each of these predicaments.

There is one view relating to contagion, which we will notice, as we

* A water-melon seed in the trachea of a child, displayed its effects only in paroxysms of suffocation threatening death. In the intervals the little fellow was at play about the room. See a case by Dr. Wells, in the American Medical Journal, No. XII., page 28.

have thrown off the shackles of theory and are only anxious for truth. If the several names at the head of this article, and others which we have not enumerated, point only to one disease—if it appears sometimes in points, sometimes in blushes, sometimes in patches, and sometimes in one uniform mahogany-colored surface, and sometimes without any of these, but in the form of a malignant throat distemper only—and if, as Dr. Darwin says, it appears in all *degrees of virulence, from a flea-bite to the plague*—many may have had it without scarce knowing it at the time, and with so little suffering that they and their friends may have forgotten it entirely. This is one view which I have taken in relation to its apparent non-contagiousness. But then, on the other hand, its spontaneous origin presents an impenetrable barrier. For if it can be once proved that a disease originates spontaneously, which in this disease it can be, then there seems no possibility of proving that one member of a family takes it from another. Contagion is a modern doctrine, Sydenham never once hinting at the contagiousness even of small-pox. A character, who for minute observation the English physicians think cannot be equalled in the known world, did not perceive that small-pox was contagious!

As four drops of ol. tiglia, rubbed around the navel, may be used in order to produce catharsis in adults, half the quantity may be applied for children, and one drop for infants. In a disease in which we find such extreme difficulty in administering medicine by the mouth, nothing is more necessary than to be apprised of the various substitutes which art affords. Rubbing a saturated solution of tartarised antimony into the inside of the arms, and inside the ankles, may be noticed as having the specific effects of the article, and a slight rubefacient effect on the parts.

We have referred to cold sponging the surface, as a means of counteracting (when combined with antiseptics) the putrid tendency, as well as to cool the fever. We can say nothing in favor of cold aspersion or dashing the whole body. We prefer sponging, and partial sponging only, as to the head, neck, breast, and palms of the hands. That the more extensive application of cold water may give relief for a short space, may be true. But then the future consequences ought to be well weighed by those who have the daring temerity to recommend or resort to it.

When this disease first invades a family or town, the prospect of recovery is less in those who are first seized than in subsequent cases. It would seem that its severity is thickest and heaviest in its front; which being afterwards diluted, so to speak, falls in a less acrimonious and appalling form on the many. It would seem, also, as if the powers of nature to resist disease increased after numbers were affected. For if death ensues, they do not succumb so soon.

We must sometimes alter a plan of treatment, which, upon reviewing, we cannot see but is entirely scientific and appropriate—and for no other reason than because it has not been successful. He is the greatest general who can the most speedily draw his army, and concentrate their force, to any given point. He is the most powerful speaker who can

recollect all that he should say when he rises before a court, an assembly or jury—who omits nothing, nor wastes nor weakens by redundancy. And he is the greatest physician who can the soonest relieve the symptoms and remove the causes of the suffering patient before him. An able general and an able physician call on their *reserve* only in time of need.

When scarlatina runs into its chronic stage, we shall find a train of perplexing symptoms, and such a state of debility as will require all the resources of art to rally the system. But here analogy must be called to our aid. Specific diatheses are lost, and extreme exhaustion presents much the same phenomena, let the preceding disease have been what it may. Stimulants, the most powerful and seemingly the most appropriate, will sometimes fail, and a favorable turn will be given to the disease of the almost dying patient, from some unlooked-for source—from contrariety instead of probability. I have often reflected with admiration upon a case of typhous fever in a young man aged 22 years, who had unceasing hiccups, wandering intellect, cold extremities, dilated pupils, small, frequent and feeble pulse, dry tongue, and in fact every sign of speedy dissolution. Notwithstanding that his physician had used opium, musk, camphor, blisters, sinapisms, ether, to the extent of 30 drops an hour, and hot fomentations of spirit and vinegar to the epigastrium, and punch to the amount of a pint in four hours—all without mitigating the direful train of symptoms—in fact, having exhausted all the usual resources of art in such cases, he seated himself by the bed-side of his patient, intending to find a favorable opportunity to surprise him of his hopeless situation. But he was very anxious to live, and asked, with emphasis, if no more could be done for him. The doctor replied that there was one remedy which he had not tried, but that it was a hazardous one and might expedite his death. But the sick man begged that remedies might be persisted in, however small the prospect of benefit. Ice was the contemplated remedy, given in substance. Ice was procured, it was broken into small pieces, and thrown for a short time into *warm water*, in order to melt off the sharp points and edges. Half an ounce at a time was the dose, which may be swallowed out of a table spoon with wine, gruel or lemonade. The patient took four ounces of the ice in an hour, drinking at the same time wine or *spirit whey*—having had warm fomentations applied to his abdomen and extremities at the same time. He was relieved immediately. His hiccups were suspended, and entirely ceased in two hours. But he continued the ice, as we are told, till he had taken nearly a pound. His recovery was speedy, and his cure complete. I ought to have mentioned that the stomach of this patient was very irritable, and that he vomited most of his medicines for three days before he took the ice—and that neither the effervescing draught, opium, nor any other medicine, allayed the puking or hiccups, until he took the ice.*

This case was brought to my mind whilst reflecting upon cold ablation in scarlet fever, which ought not to be used except under the limitations

* See New York Medical Repository for the full and excellent report of this case, by James R. Maney, M.D., of that city. New Series, No. 1, Vol. VI., page 76. October, 1824.

before mentioned—the irritation and terror being likely to do more harm than its tonic and febrifuge powers do good, especially to children. But in the exhibition of ice we have a powerful agent to produce vigor and tone, and at the same time to allay irritability and fever. And although Dr. Manley, in the case alluded to, entered upon its use with some apprehension, yet we consider it as immensely less hazardous than cold-water ablution, and as well adapted to that chronic state of debility, irritation, and vomiting, which sometimes perplexes us as a sequel of scarlet fever, as well as a cooling tonic febrifuge in its acute and primary stages. It may be administered to children in the fermenting decoction of bark, or in the imperial beverage already mentioned. The dose may be a scruple, increased to a drachm. General cold ablution never can come into common use, except in tropical climates. Ice given internally, and applied externally to the back of the neck and testicles, in epistaxis, and other hemorrhages, will display its excellence and command approbation by its effects. In delirium it may be applied to the head, enclosed in a bladder.

Post-mortem dissections of fatal cases of scarlatina have been very rare both in this country and in England, because the pathology of the disease has been less involved than that of most other diseases. A case, however, lies before us, reported by Dr. Blackmore, physician of the Public Dispensary of Plymouth, England. It was that of a little girl about three years of age, who unexpectedly died on the tenth day. The result does not change the views heretofore entertained, and herein laid down—viz., that we ought to keep in strict view the putrid tendency. There was stupor in the patient, but not profound, just as we have observed. The child's face was tumid and of a purplish hue—the fever was slight. An ulcer was seen, as we are told, before death, behind each tonsil. The dissection was forty hours after dissolution. The brain and lungs were engorged with black blood. There was 3iss. of bloody serum in the ventricles of the former. But no doubt the cause of death was owing to a gangrenous diathesis, as there was petechia, and the abdomen and legs were livid. We are also told that deep behind the tonsils, on the verge of the posterior nares, there were two large ulcers covered with very fetid matter, "*like soft, rotten cheese.*" There was no vestige of inflammation, and the writer inclines to impute the cause of death to congestion, or oppression of some vital organ. And we incline to impute this congestion, or oppression, to the tenderness of the minute vessels, induced by their near approach to putrescency, and probably occurring after death. So far as Dr. Blackmore could learn, this was the only case in which *post-mortem* dissection had taken place in England, nor do we now recollect a single one in this country.*

To conclude, we cannot but repeat that keeping the septic tendency of the disease in sight, and counteracting it, stands the fairest chance to prevent congestion and sphacelation, to counteract the fatal termination of the disease, to continue the patient in life, and restore him to health. Let emetics, calomel, counter-irritation by rubefacients, and especially

* This case, taken from the London Medical Gazette, may be seen in the Boston Medical and Surgical Journal, Vol. III., p. 330, No. 20.

the fermenting decoction of bark, with the nitro-muriatic acid, receive the attention which they merit.

Lebanon, Ct., April, 1839.

To the New-London County Medical Society, to which a part of the foregoing essay, in MS., was read at their annual meeting, April 11, 1839, and who were pleased to express their approbation by a vote of thanks, it is respectfully dedicated, by the
AUTHOR.*

VALUE OF CREOSOTE.

BY ALFRED HITCHCOCK, M.D., ASHBY, MS.

[Communicated for the Boston Medical and Surgical Journal.]

Wound of the Trachea.—Mrs. Symonds, aged 40, on the 15th of May, 1833, in a fit of insanity cut her throat in a shocking manner with a razor. The wound was literally "from ear to ear," being between 7 and 8 inches in length. It was evidently made by several successive strokes of the instrument, from left to right, crossing the trachea a little below the thyroid cartilage; the right extremity of the incision terminating a little lower on the side of the neck than the commencement on the left. One of the rings of the trachea was entirely cut through, so that the point of the finger could easily be introduced into that tube. There were two or three other incisions into the trachea between the rings, of a size sufficient to introduce a common goose-quill. The external jugular vein on the right side was divided, where it crosses the sterno-cleido-mastoid muscle.

When I first saw the patient, less than half an hour from the accident, she was literally wallowing in blood, in a state of partial syncope, and respiration entirely carried on through the wound in the trachea. She was immediately removed to a bed, and the wound washed with cold water. One of the thyroid arteries bled profusely, and was immediately secured by ligature. The whole wound was then washed with a mixture of one part creosote to ten of water. All the hemorrhage and oozing of blood immediately ceased. The lower portion of the divided jugular had retracted into the cellular tissue, and was not sought for, fearing the admission of air. The upper extremity was patulous and slightly projecting. A dossil of lint, wet with the creosote mixture, was applied over the mouth of the open vessel, secured by compress and adhesive plaster. The incisions in the trachea were closed with fine silk ligatures through the cellular tissue on the cartilages. Several mutilated shreds of cellular tissue and muscle were cut away, and the whole wound closed with suture and adhesive strips. There was no return of the hemorrhage, and the wound was perfectly healed in a few weeks. For several months she could speak only in a whisper. She speaks audibly and nearly natural now, though not without evident effort to conceal her misfortune.

* In explanation of the above, it may be well to state that the essay was written expressly for this Journal, but being in possession of the author at the above-named meeting, part of it was, by request, read to the members.—Ed.

Wound of the Hand.—Mr. Shelden had his left hand shattered by the bursting of a gun at a "sham-fight," October 13th, 1839. The whole integuments of the index, the middle and ring fingers, were blown off to within an inch of the hand, leaving the tendons and bones naked and broken. The first and second joints of the little finger were also denuded on the palmar surface. The metacarpal bones of the index and middle fingers were separated by a split two and a half inches in extent on the dorsal aspect, and reaching to the wrist through the palm of the hand. There were several other deep fissures in the palm of the hand, besides several smaller injuries and contusions; and the whole very much scorched and blackened by powder. The mutilated hand was cleaned as perfectly as possible; two joints and a half of the index, the middle and ring fingers were sawn off, and the integuments drawn down to cover the bones; and the whole hand washed with the creosote mixture. At the subsequent dressings an ointment was freely applied to the hand, composed of half a drachm of creosote to an ounce of simple cerate.

The hand suppurated and granulated kindly, and was perfectly healed in five weeks, without sloughing or any untoward symptom; although it was highly probable at the first dressing that there would be some sloughing of the contused tissues. The last part of the little finger was restored by granulation, and is now, though slightly curved, a very useful addendum to the unfortunate soldier's hand.

Incipient Gangrene.—Miss Wilder, æt. 23, was attacked in November, 1838, with typhous fever. The symptoms were urgent, and at times truly alarming for the first three weeks—intense gastric irritation and constant delirium. During the fourth week the disease seemed to yield, and something like a crisis occurred in the shape of profuse sweats and diarrhœa. Unexpectedly, however, two large spots of gangrene suddenly occurred—one on the lower part of the sacrum, a little to the right of the median line; the other on the left side, a little below and behind the trochanter major. About the same time, also, there was a tumefaction behind the trochanter major of the right side, which was eventually the point of profuse suppuration; a pint of pus being discharged at the first opening, and daily formations and discharges continuing for several weeks.

The undiluted creosote was applied several times daily to the gangrenous patches on their first appearance, and a plaster applied, composed of Burgundy pitch, opium, camphor, and oil turpentine, equal parts. The second day of these applications the progress of the gangrene was arrested, and the fourth day the line of separation was completely formed. The two patches were nearly circular, one of them two and a half and the other four and a half inches in diameter, and from one to three inches deep at different points after the sloughs were all removed. During the separation of the sloughs, which was tedious and difficult, they were dressed with the creosote ointment. The healing process proceeded kindly, after the separation of the sloughs, and in three months they were perfectly cicatrized.

At the first appearance of gangrene the patient took camphor, opium

and carb. ammonia, in large doses, at regular intervals, and also the muriated tincture of iron. During convalescence, besides occasional doses of opium, she took two pounds of carb. ferri and one oz. sulphate quinia. When catharsis was indicated she took castor oil and turpentine. She now enjoys good health.

In the foregoing cases I am confident the creosote acted powerfully as a styptic and antiseptic; but whether my mode of combining it is the most proper, I leave for others of more experience to decide.

May, 1839.

A FETUS WITH TWO HEADS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I take the liberty of reporting a case of singular deformity, which if you should think proper, you can insert in your Medical Journal.

On the morning of the 25th of April last, I was called to visit Mrs. D., in labor with her fourth child, about four miles from this village. I arrived about 1 o'clock, A. M., and found her in severe labor. She informed me her pains had been increasing for about two hours. On examination, after placing her on her left side, I found the membranes distended with their fluid; but I could not discover the fetus by the touch. I avoided rupturing the membranes as much as possible, trusting to the fetus to settle in the fluid, and suffered them to give way. The head on the right side presented, with the face to the os pubis. With some difficulty the head passed, but the labor did not propel it further. On further examination, I found the funis passing over the shoulder on the left side. In search for the shoulder, I found a hard substance, resembling a head, and soon discovered a union of the two. I succeeded in raising it, and by the assistance of a pain lodged it on the side of the neck of the first head, and in eight or ten minutes delivered my patient of a stillborn male child, that would weigh about twelve pounds, with two regular heads and necks, of the usual size, and with fair features. No difficulty with the placenta. Mrs. D. was in labor about one hour and a quarter after I arrived at the house. She is convalescing as fast as women generally do after severe labor.

The child appears broader across the sternum than children usually are. The necks are at a suitable distance apart, sufficiently so to allow each head to stand erect without interfering with the other. At the junction of the shoulders, in place of one or two regular arms, there is a straight, firm bone, of a conical shape, about five or six inches in length, apparently in a socket, base down, regularly articulated to the transverse spinous process junction of the two spines. There are three clavicles; the two lateral arms are in their proper position. There are evidently two spines extending to the os sacrum, and connected by the transverse processes of the vertebræ of the back. The lower extremities are natural.

I have stated the case briefly, as it appears from external examination. It seems to be similar to a deformed fetus reported by Professor W. E.

Horner, of Pennsylvania, in the 8th volume of the American Journal of Medical Sciences, in 1831.

I have nothing further to add, unless I inform you that I invited one of my medical friends of the village to accompany me in the afternoon to examine the child. We succeeded in prevailing on the parents to permit us to take it and preserve it in a careful manner, for the inspection of the medical faculty. Your most obedient humble servant,
Oswego, N. Y., May 4th, 1839. WM. BAKER.

DE FUNGO ARTICULARI.*

[Communicated for the Boston Medical and Surgical Journal.]

SOME time since a work upon this subject was received by us from Copenhagen, and which want of time has hitherto prevented us from noticing as it should be.

After giving, in his introduction, the opinion of a vast number of authors, among whom are Bell, Heister, Boyer, Lisfranc, Brodie, Scott, Russell, and, last of all, Rust, upon whom our author seems most to rely, and the majority of whose remarks he echoes, the following original opinion is adduced. "In this, as in all diseases, pathological anatomy affords the surest notions of their nature and seat; still the alteration effected by the disease, in and around the articulation, will prevent any certain inference being drawn from an examination of the limb, with regard to the nature of the disease. Another reason for obscurity is, that while the disease is common with us and in Britain, as well as Holland (in those regions where scrofula is endemic), it rarely occurs in France, Italy and Southern Germany, which accounts for its merely casual mention by Desault, Dupuytren and Larrey."

The first and second chapters are devoted respectively to the various names of the disease, and its respective divisions and species; passing by these, we come to one of the most important chapters—the third—"a description of the fungus articularis"—divided by the writer into three stages, and as near as possible we shall give his own language.

"When acute inflammation arises from external lesion, or any other cause, there is an expanded and tense tumor, with increased pain on motion or pressure; in a shorter or longer time the swelling and pain diminish, and the disease takes on a chronic form. If rheumatism be the cause, at the beginning of the disease we have swelling with a sense of heat, painful, rubescent, and often elastic, which comes on with the rheumatic fever, or some days after. In the course of eight or ten days the febrile and inflammatory symptoms cease, a cold, soft and fungous intumescence arises, and the chronic state results. But more usually the disease is chronic from its origin, and the first stage follows this order.

"At first there is complaint with a slight rigidity and swelling, covering the anterior surface of the knee, but not very prominent. Pain is either absent or slight; there is, however, inconvenience on motion, sensibly

* De Fungo Articulari dissertatio, quam ad summos in medicina honores inter publica solemnia ob ecclesiam ante trecentos annos apud nos reformatam rite obtinendos publice defendere conabitur auctor, Michael Djesep.

increased by flexion or extension. After resting some time, a sense of weight and debility is felt in the whole extremity, with increased sensibility. For the purpose of diminishing the pain, and also on account of the rigidity of the limb, the patient keeps it immoveable and curved, and walks, if at all, only on his toes, with the trunk inclined forwards, and his hand on the knee. The skin is unchanged in color or external appearance; the constitution is good, appetite unimpaired, and the evil is little thought of by the invalid or his friends. But Rust says there is in this stage a great depression of mind and languid appearance.

"If no occasional cause accelerates the disease, the symptoms may go on slowly increasing for weeks, months, and even years, before the *second stage*.

"In this stage the tumor increases in size and prominence, becomes soft and fungous, giving rise to a deep fluctuation. The softening is not always constant, but varying in degree; the cellular texture receives, but does not retain, the impression of the fingers. This spurious fluctuation is so marked, that it has been mistaken for a preternatural collection of fluid in the cavity of the joint. The form of the tumor is changed, and the region of the knee becomes round and globose. The popliteal cavity is swollen, but not in the same proportion with the anterior and lateral parts of the knee. The skin is so stretched by the increase of the tumor, that it cannot be folded, but becomes polished and shining, of a pale livid or rubescent color, not equally diffused, but as if striated by the capillaries seen through the cuticle.

"The pains are greater, more continuous, and confined to the knee; first attacking single spots, which are painful to the touch and hotter than the neighboring cuticle, extending to the whole knee, not only increased by touch and motion, but with nightly exacerbations preventing sleep. To this state of things gradually succeeds hectic fever, with prostration, loss of appetite, emaciation of the whole body, and especially of the limb affected, rather below than above the knee. The inguinal glands are not unfrequently swollen.

"Finally comes the *third stage*. Now the spots, before prominent and painful, become red or purple, and take on true softening and fluctuation by the formation of single small abscesses. The leg becomes œdematous, with pain in the interior of the joint. The abscesses at length discharge a thin, fetid, bloody fluid, containing pellucid, flocculent and albuminous particles, like the matter of scrofulous abscesses. These never heal, but may become crusted over with fistulæ and ulcers, extending in various directions to a great depth, and at the bottom we find the capsular ligament corroded and the extremities of the bones denuded. The hectic increases, colliquative symptoms arise, with emaciation, depression and anxiety, and unless amputation be performed in season, death will ensue from this secondary cause. The lungs and mesenteric glands are often affected in this stage. In some cases the leg is kept in a flexed position and cannot be straightened, yet sometimes the very reverse is the case. The length of duration of the disease varies from a few weeks to fourteen or fifteen years; usually chronic in its course, several months or even years may elapse before it comes to a crisis. In

the first stage it may for a time seem to recover, but will eventually relapse."

Having thus allowed the disease to run through its three stages, the advantages to be drawn from pathological anatomy will be very small; and in fact the author, notwithstanding his assertion in the former part of the work of its importance, draws no new inference from what he sees, and sees no more than all those, to whom he refers, have seen before him. He does, however, say, that "because the knee is more exposed to this disease than the other articulations, and because this articulation is surrounded by aponeurotic membranes and much cellular texture, therefore we may conclude that its primary seat is in the soft parts without the joint." And in a succeeding chapter, "from what has been said it must be seen, that fungus articularis, if not always of scrofulous origin, is more frequently owing to this cause than to rheumatism." With regard to the prognosis, notwithstanding the remark extracted from a prior chapter, he says, that "the disease can be entirely cured, if it is in the first stage, and if the conditions which favor scrofulous cachexia can be removed"—truly a most righteous conclusion, and, like much medical and surgical logic, amounts to this, that the disease can be cured by removing the causes. "A perfect cure can scarcely be expected in the second stage, but when the body is not too much prostrated our indication is by suitable medication to prevent its farther progress; partial ankylosis may take place, but never complete." "In the third stage the only remedy is amputation, which is often performed without success, the invalid being obliged to succumb to the hectic."

"Let us neglect the general treatment, which of course is antiphlogistic, and have reference only to local treatment. Perfect rest is requisite during the inflammatory stage, but when this yields and rigidity of the limb remains, motion may be allowed to prevent ankylosis, to be desisted from on the slightest pain. General depletion not so convenient as local by leeches, varying in number and times of application according to age and habit of the patient, &c. In my opinion, cupping occasions more pain and topical irritation, and therefore must give place to leeches. In case of topical inflammation, besides local depletion, cold fomentations of water mixed with vinegar, lead wash, &c.; if the inflammation be sub-acute and chronic, mercurial inunctions are without doubt best suited—so mild that they can be applied for an hour at a time without causing salivation. When the inflammation has been subdued, iodine or its compounds will be found of great benefit."

When, notwithstanding these remedies, the disease runs on to the second stage, then, in addition to powerful internal resolvents (always having regard to the general health of the patient), those external remedies are to be employed which favor the absorption of the preternatural deposit, and prevent further morbid secretion. "Among the most important of these means is vesication, either a perpetual one covering the whole tumor, alternate occupation of half the tumor, or, lastly, a continual succession of small blisters around the tumor. Too great irritation or febrile symptoms may, however, prevent their use."

"There are various other applications, such as cortex mezerei; or,

as Brodie recommends, a liniment of one part sulphuric acid to three parts of olive oil; issues between the head of the tibia and the fibula; setons, moxas; but, generally speaking, they increase the inflammation already existing. Turning from this point, we will now direct our attention to those remedies which promote absorption; and the first of these is the douche of warm water. It should be as hot as the patient can bear, and thrown from seven or eight feet, the width of the stream about that of the thumb. Fomentations of chamomile flowers or culinary salt, applied half an hour at a time, and three or four times in the day, are of great benefit; the vapor of warm water, too, electricity and galvanism, may also be tried, but are not usually of any real benefit.

"More recently compression,* by means of adhesive straps, has been attended with some success. After the use of all these remedies, however, there is apt to remain a rigidity of the limb, even if it does not go on to the next stage, to be removed by subsequent treatment calculated to remove anchylosis."

In the third stage amputation is the only hope of recovery to health. In Boyer's "*Traité des Maladies Chirurgicales*," directions are given when it should be omitted. Authors differ very much in what they consider a proper time for the operation, some being of the opinion that it should be performed early, and others delaying it till the very last moment. Excision has been tried, but with very doubtful success. Should amputation be objected to, of course the treatment can only be palliative, such as attention to the general health; narcotics, internal and external, if the pain is vehement, or emollients where abscesses have begun to form in the soft parts. Lisfranc has adopted rather a different course of treatment, and we will close by referring the reader to that author. L.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, MAY 22, 1839.

CANCER OF THE TONGUE.

An operation of an interesting character was performed at the Massachusetts General Hospital, on Saturday the 11th inst. A man of middle age, who had long been accustomed to smoking, on being connected with a factory was forbidden to indulge in his old habit—probably on account of the danger arising from fire. He therefore, as a substitute, commenced chewing tobacco, and established the habit of always keeping the quid in a particular place in the mouth, by the side of the tongue. It was at this point of contact that the cancer was developed. The operation was adroitly performed, and the blood stanchied by the application of the actual cautery.

Cancer of the Breast.—A second operation on the same breast was also

* A case recently came under the observation of the compiler of this article, in which the disease had reached the second stage before medical treatment was fairly resorted to. Great constitutional affection and much local disease were present, which were greatly relieved by the application of the starch bandage by Dr. Lewis. The case being still under treatment, the issue cannot be known.

performed upon a female. Two indurated glands were removed from the axilla.

Extract of Red Clover (Trifolium pratense).—At the Shaker village of Canterbury, N. H., this article has been prepared several years, and with the families of that community, and others, who have received decidedly beneficial results from its application, it has a high reputation. We are assured by Dr. Corbett that on ulcerated surfaces, deep, ragged-edged and otherwise badly conditioned burns, there is nothing to be compared with it. In connection with a peculiar soothing property which it imparts to an inflamed, irritable sore, it proves an efficacious detergent, and promotes a healthful granulation. As the process of making the extract is exceedingly simple, the material being abundant both in the field and by the way side, it is worth the immediate attention of general practitioners, from some of whom we hope to hear a good report of its medicinal virtues.

Rocking Truss.—Dr. Corbett's ingenious invention, which has been frequently mentioned with commendation in our Journal, appears to be making friends wherever it goes. Like its unpretending contriver, there is nothing particularly striking about it at first sight, but time shows it to be appropriate in affording that sort of relief which it is the office of such instruments to effect. They are on sale at Kidder's, corner of Hanover and Court streets, and are left with Dr. Leech, also, in Hanover street, who understands the application of trusses better, perhaps, than any other person in Massachusetts.

Preservation of Sight.—There is a professed oculist and aurist in London, whose name is quite familiar to the people of England, John Harrison Curtis, Esq. who has been exceedingly industrious for many years in placing before the public, plain, easily-understood essays on the best mode of treatment of some of the organs of sense, when partially diseased. His charts of the anatomy of the eye are unsurpassed for beauty of execution, and to the medical student, especially, are of immense advantage. The third edition of a duodecimo pamphlet, entitled "*Observations on the preservation of sight, and on the choice, use and abuse of spectacles, reading glasses, &c.*," is a very proper publication for those to peruse who begin to discover the approach of old age in a waning vision; and were it re-printed here could not be otherwise than acceptable to all classes. The writer shows a thorough and scientific acquaintance with the subject, which is an important recommendation. He deprecates the abuse of spectacles, in a way that is calculated to prevent a great evil, provided the reader is willing to be influenced by cogent reasonings and facts. About as many eyes are ruined by the premature use of glasses, as are benefited by them when absolute necessity obliges persons to resort to their habitual use. The treatise is for sale at Ticknor's, Washington street.

Dr. Mitchell's Address.—Notwithstanding our contemporary journalists are in advance of us in noticing this creditable performance—as soon as a copy was received, it was read, and with much satisfaction. The author seems to be a philosopher as well as teacher of his profession, and gives advice which is worth committing to memory by any one in the practice

of physic ;—it is an old inscription on the Continental money, viz., "*mind your own business.*" Should any one be influenced by this sage hint, he would be entitled to respect, since it is a virtue in these times, in the estimation of many, to do this part of one's duty.

Dr. Mitchell, professor of *materia medica* and therapeutics in Transylvania University, gave this discourse at the commencement of the late lecture term. It met the decided approbation of the class ; and it is creditable to their good sense and judgment that it was solicited for the press. It is due to the respectability of Dr. Mitchell, both as a gentleman and a professor, that a better comment should be made on the pamphlet ; but our apology is, that several articles have been kept so long from the pages for which they were intended weeks ago, that they must no longer be delayed.

Massachusetts Medical Society—Annual Meeting.—Instead of assembling at the Athenæum, as in past years, the fellows will meet at the Masonic Temple, Tremont street, opposite the mall, on Wednesday, May 29.h, at 10 o'clock, A. M.

Legislative Medical Committee.—It will be recollected that J. S. Bartlett, M.D., of Marblehead, petitioned the Legislature of Massachusetts, at their last session, praying that the charter of the Massachusetts Medical Society "may be declared void, and that he may obtain such redress of his grievances as the legislature can alone afford," &c. The business was referred to a select committee, and the memorialist and the agents of the Society were heard. Testimony—some of it of very little consequence, one way or the other—together with cross questionings by council, and a multitude of collateral things, twisted and twined to have a bearing on the controversy, are all elaborately detailed in the report of the committee, which has just been given to the public. The document will be widely circulated, and in reading it, various conclusions will be drawn. We are informed that Dr. Bartlett is making ready for the next meeting of the General Court ; in the mean time copies of the report may be procured by addressing the Secretary of State, Col. Bigelow, at the State House.

Medical Miscellany.—Dr. Elisha Huntington has been elected mayor of Lowell. A majority of the mayors of the cities in Europe, as well as America, at the present moment, are believed to be physicians.—A young man of this city, accidentally wounded himself with a long-bladed knife, by cutting off the femoral artery, and bled to death before any assistance could be rendered.—The number of victims to accidents in the coal mines of Leige, within the last seven years, was 243, besides 83 wounded.—Cases of smallpox were brought in the steamship Liverpool, to the New York Quarantine Ground.—"The Doctor" is the name of a miserable little quarto-sheet herald of quackery, published at New York, edited by one Evans, of chamomile distinction.—There are seventy-one medical students attending lectures at the Maine School, at Brunswick—so says the catalogue.—A committee of the British Association for the Advancement of Science, has been appointed to consider and report on the instruments best adapted for assisting hearing in cases of deafness. The committee will receive instruments or apparatus designed for that purpose, to be sent, free of expense, to the care of Messrs. Taylor, Red Lion Court, Fleet street, London.

TO CORRESPONDENTS.—The communications of Dr. Sewall, of Washington, and of R. A. M., were received too late for this No. of the Journal.

MARRIED.—In Sturbridge, Ms., Dr. Wm. S. Saunders, to Miss Mary B. Bullard.

DIED.—At Williston, Vt., Dr. Jonathan Bassett, 49.—At New York, Dr. Lorenzo F. Warren, 27.—At Little Rock, Arkansas, Dr. Benjamin Kittredge, 45.

Whole number of deaths in Boston for the week ending May 18, 25. Males, 14—females, 11.

Of consumption, 3—dropsy on the brain, 1—erysipelas, 1—scarlet fever, 7—teething, 1—old age, 1—pleurisy, 1—drowned, 2—inflammatory fever, 1—lung fever, 2—palsy, 1—disease of the heart, 1—apoplexy, 1—delirium tremens, 1—stillborn, 2.

MASSACHUSETTS MEDICAL SOCIETY.

The Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, 29th inst., at 10 o'clock, A. M.

The annual discourse will be delivered at 10 o'clock, by Enoch Hale, M.D.

Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend.

A stated meeting of the Councilors will be held on the day following, at the Society's Room, Athol House Buildings, Pearl street.

M. 22—3w

S. D. TOWNSEND, Recording Secretary.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 BELKNAP STREET, BOSTON. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Sigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1836.

if.

PRIVATE MEDICAL INSTRUCTION.

Two subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—sept

MEDICAL STATION IN NEW YORK STATE.

A good location for a physician in a pleasant little village on the Erie Canal, a few miles from the city of Rochester, may be obtained by the purchase of buildings and lot, worth about \$1200. Name of the physician wishing to sell, and of the town, may be learned by application at this office—if by mail, post paid.

M 2—

TO PHYSICIANS.

A PHYSICIAN, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is an eligible one for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—5*

NOTICE.

A PHYSICIAN in Grafton Co., N. H., of fifteen years' experience, wishes to exchange residence, to make collections and better his family. Undoubted reference as to character and professional merit can be had at this office. Partnership with a person wishing to retire from the laborious duties of the profession would be acceptable.

A 24—copew

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